

DATE: _____

Physical Address Assignment Request Form

Name of Owner: _____

Mailing Address: _____

Phone Number: _____

If new Parcel, conveyance is from? _____

Date of Conveyance: _____

Tax MAP: _____ LOT: _____

Type of structure to be numbered: _____

Dwelling: _____ Mobile Home: _____ Commercial Building: _____

Date and #. of Building Permit: _____

Date and #. of Plumbing Permit: _____

Date and # of Building Permit: _____

Name or Address of nearest abutter: _____

FOR OFFICE USE ONLY

Number of feet from nearest structure before _____ or after _____ the structure to be numbered.

Physical Address Assigned: _____

Date Owner Notified: _____

Date Post Office is notified: _____